

What's Changed in CCS3?

The following is an informal highlight of what has changed from CCS2 to CCS3, and what has not changed (p. 5). If there is any discrepancy between this document and the official Extract Specifications, New Paradigm, and revised Core Services Taxonomy, the official documents are the authority.

Overview

CCS3 is still very much CCS, and remains true to the spirit and objectives of the original CCS. More has not changed in CCS3 than has changed.

CCS3 is a win-win for both the CSBs and the Department. A simplistic way of looking at it is that the CSBs 'get' the New Paradigm, which eliminates the need for program enrollments and releases, and the Department gets the ability to track service delivery by date(s).

CCS3 was fashioned after months of work and many long meetings attended by IT Steering Committee of CSB representatives and then the full Data Management Committee (DMC) of VACSB.

Major changes

1. Implementation of 'New Paradigm'

Description

CCS3 implements the 'New Admission and Discharge Paradigm' of admission/discharge, which defines admission and discharge as occurring at the program area, and not the CSB level. Instead of the CCS2 four step process (admission to a CSB, enrollment in a service, release from a service, and then discharge from a CSB), CCS3 and the New Paradigm define essentially two steps from a data collection standpoint: services recorded at 'Case Opening', and then services recorded at admission to a program area.

The services provided at the Case Opening step can now be delivered and reported without first requiring the additional data elements required at admission/discharge. These services are called 'Services Outside of a Program Area', and are defined in the Taxonomy. They are identified on the service record by a new program area code, 400, instead of the 100, 200, and 300 program area codes.

CCS3 identifies a limited set (20) of data elements that are reported at 'Case Opening'. In contrast, the number of data elements required at admission to a program area is 38 (the original 20 from Case Opening and an additional 18 at Admission).

Documentation on the New Paradigm is centered on a chart with different color boxes representing the different steps of consumer involvement. For example, there is a blue box representing the initial Determination step, and a light green box representing Case Opening.

Rationale/explanation

The concept of the New Paradigm originated when the Department and the DMC began talking about making changes to CCS2 in late spring 2006. With the introduction of the idea of 're-architecting' CCS2, the opportunity presented itself to review how the CSBs might benefit from a revised architecture, and so the idea was born for a new way of looking at the flow of consumers through services that might reduce the administrative and data entry burdens on the CSBs. As part

of the collaborative effort, the concept was originally proposed by the DMC, and not the Department.

Reducing the data entry at an initial level of care seemed to make more clinical sense. The CSBs expressed the strong feeling that some services, particularly emergency services, occurred under rapidly developing and stressful circumstances that are not conducive to data entry. As one DMC member put it, when a crisis stabilization counselor is dealing with a drug addict in the emergency room at 3:00 am in the morning, it's not the best time to ask them about their educational level.

Reducing the initial service reporting requirements to this limited set at 'case opening' seemed also a way to improve data quality. The Department and the CSBs are both committed to improving the data quality of CCS data. If reducing the data entry requirements at one point improves the overall data quality of the remaining data elements, then the Department supports that.

The Department is also committed to a win-win design for CCS3. The positive reaction to the New Paradigm among CSBs has led the Department to believe that this 'win' for the CSBs could help offset the impact of the other changes in CCS3, like service date reporting.

2. Service Date(s)

Description

CCS3 requires reporting the date(s) on which a service was delivered in MMDDYYYY format. In CCS2, the service date field on the Service.txt extract file only identified the fiscal year in which the service was reported, and not the specific day or month.

For flexibility and accuracy, two dates are provided on the new service file: the service from date indicating the date the service occurred, or started; and the service through date, which is the date the service ended. For the services that start and end on a single date, the two dates are the same. There are other services that lend themselves to reporting over a broader time period than a single day, e.g. residential services, and so both dates are applicable in those situations.

The important aspect of this is that a specific date is required, and the from date is the most important of the two.

Rationale

Being able to associate a service with a specific month, day, and year will improve the usefulness of CCS3 data. It is virtually impossible to collect meaningful service delivery measures without a specific date.

The lack of a specific date hindered reporting to the federal authorities, and so the requirement for a specific date had already started creeping into CCS. For example CCS2 required the date of the last direct substance abuse service. Now with a specific service date in CCS3, we no longer need that field, thus continuing to minimize the amount of data extracted by CCS.

It seemed to the Department that the date of service would already be a field being collected by the CSBs, and so the requirement to pass it to CCS would not be onerous.

3. Single ‘Type of Care’ table

Description

Instead of separate admission, discharge, and program tables, CCS3 uses a single table called the ‘TypeOfCare’ table. It records the information about the event of an admission and discharge to a program area or consumer designation code.

Like the admission/discharge of CCS2, the type of care record acts as a boundary or marker of a period of time. It includes an ‘episode of care’, which is defined in the Core Services Taxonomy, but it also represents a period of time during which a consumer might have a consumer designation code (i.e. the old 900 series of codes). Once the starting marker is triggered by the admission, services reported during this time period must fall within the Type of Care time period.

Rationale

Having a single ‘type of care’ file is a result of the New Paradigm’s elimination of the enrollment to and release from a core service, as well as the desire to improve data quality by reducing data imputations or assumptions. In CCS2, there was ultimately a separate admission and discharge record, and it was hard to match them. Once disconnected by processing done after the initial extract there was no reliable way to reconnect them.

Calling this new file the ‘TypeOfCare’ file allows for future flexibility in how the different time periods are identified. By providing a neutral name, future changes and additional type of care definitions can be added more easily.

4. All data extracted monthly

Description

CCS3 requires monthly submission of all three extract files: TypeOfCare, Consumer, and Service. Previously the Service file had to be submitted only twice during the fiscal year.

Rationale

Waiting months to receive service data meant that Department could not satisfy federal reporting requirements, particularly for SA, which have tightened the time period in which a consumer can be left ‘unreported’.

Also, it was felt that since the CSBs were already preparing the Service file then submitting it more frequently would not cause significant difficulty.

5. Medicaid number

Description

CCS3 adds a data element on the Consumer file that records the consumer’s Medicaid number, which they will have if they are enrolled in Medicaid. If they aren’t enrolled, then the field can be blank.

This field replaces the CCS2 MedicaidStatus field (#50), which attempted to identify whether the consumer was enrolled in Medicaid at any point in the fiscal year.

Rationale

Although CCS is not a billing system, it records services that are ultimately billed through Medicaid, and thus provides information about service delivery that other systems find valuable.

Also, the identification of a consumer's Medicaid number is a simpler way to get at the data that the old MedicaidStatus field was trying to record.

6. State wide unique consumer id

Description

CCS2 used SSN as the primary state wide consumer id, and also asked for a local consumer id. However, CCS3 asks for two additional fields, consumer last name and consumer first name, in order to produce a truly unique state wide consumer identifier. This is done through probabilistic matching algorithms that are currently available and take consumer name and other identifiers as input. They can then generate a unique id with a statistically significant level of confidence.

Rationale

Producing this unique id will be the responsibility of the Department and should not be a significant burden to the CSBs. CCS2 already collected most of the identifiers used as input to the probabilistic matching algorithms: date of birth, gender, and SSN. Adding the consumer first and last name should provide sufficient 'raw material' to satisfy the requirements of any of the available algorithms.

As the use of this id grows, it should help raise the level of confidence that the state is actually tracking unique consumers. Some CSBs have already expressed an interest in having the Department return this id to the CSBs for their use.

7. Elimination of the Transaction Activity code

Description

CCS2 used a transaction activity code (data element #1) to identify whether a record being transmitted was an A(dd) or D(elete) to existing records.

This code has been eliminated in CCS3, which will use its own data warehousing algorithms on the Department side to determine whether to add or update records.

Rationale

The Department found that the Delete code was never actually used; all of the records used the A code.

What has not changed in CCS3

There is more that has not changed in CCS3 than has changed. Overall CCS3 is still CCS. The following are examples of what has not changed; it is not an exhaustive list.

- CCS3 is still the system of record for reporting consumer service delivery to the state and other governmental authorities. It still reports services and consumer data. It is still the single source of submissions on service data between the CSBs and the Central Office (Department).
- CCS3 is still a batch extract process. CSBs have the same amount of time as before to report service data: the end of the month following the month of the extract.
- CCS3 still reports services using the same three position Core Services Taxonomy codes. Some of those codes have shifted, been eliminated, and new codes added in the latest version of the Taxonomy, version 7.1; but CCS still uses the taxonomy codes.
- CCS3 still uses the Core Services Taxonomy service units: service hour, bed day, day support hour, and day of service. The meaning of these units has not changed, although the Taxonomy has clarified the differences between service hours provided or delivered to the consumer (provider service hours) and consumer service hours. The same two fields are used to record these two units.
- Sensitive consumer data still stays at the CSBs. SSN will continue to be hashed before transmittal to the Department. Only a subset of characters from the new consumer last and first name fields will be used as input to the probabilistic matching algorithms; the full names will not be transmitted to the Department.
- CCS3 is not a data dump. There is actually a net decline of one data element from CCS2 to CCS3. CCS3 is collecting 49 data elements, and one of those, StaffId, is actually optional. CCS3 adds 7 new data elements, but is able to eliminate 8, resulting in the net decline.
- PATH/PACT boards continue to use existing systems for those two initiatives; CCS3 is not a replacement for those systems.